

# STATEMENT OF ORGANIZATION

OFFICE USE ONLY 1 / 3

1. Name and Address of Committee  
Physical Therapist Political Action Committee  
8550 United Plaza Blvd,  
Suite 1001  
Baton Rouge LA 70809

2. Date of this Statement  
01/13/2014

3. Estimated Membership  
80

4. Amended Statement?  
\_\_\_\_ Yes ☒ No

PAC  
S/O  
1/31

Rec #86468  
#540

Check if new committee \_\_\_\_

14001041

5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors)

Position	Name	Address
Chairperson		
Treasurer		

Please see attached sheets.

6. Affiliated Organizations

(Any organization, other than a political committee, which directly or indirectly established, administrators or financially supports this committee)

Name	Address	Relationship to Committee
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Please see attached sheets.

7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions)

Name	Address
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Please see attached sheets.

8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Check one: \_\_\_\_ Principal Campaign Committee \_\_\_\_ Subsidiary Committee

b. Name of Candidate

c. Office Sought by the Candidate

Please see attached sheets.

9. Name of Person Preparing Report

Daytime Telephone

Please see attached sheets.

10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.

Dated 01/13/2014

Oday J. Lavergne

Signature of Committee Chairperson

318/484-9165

Daytime Telephone Number

Karl Kleinpeter

Signature of Committee Treasurer, if any

225/658-7751

Daytime Telephone Number

# Affiliated Persons / Organizations

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<p><b>Name and Address of Treasurer</b>          Karl Kleinpeter          331 Sandy Springs Lane</p> <p>Jackson LA 70748-4345</p> <p>Chairperson:</p>	<p><b>Candidate Information</b>  <b>Office Sought (Include title of office as well as parish, city, town and/or election district)</b></p> <p><b>Name of Political Party:</b>  <input type="checkbox"/> SUPPORTED <input type="checkbox"/> OPPOSED by the Committee</p>
<p><b>Daytime Telephone (Preparer):</b></p>	<p><b>Rel of Aff. Org. to Comm:</b></p>
<p><b>Name and Address of Chair Person</b>          Oday Lavergne          3505 Bayou Rapides</p> <p>Alexandria LA 71303</p> <p>Chairperson:</p>	<p><b>Candidate Information</b>  <b>Office Sought (Include title of office as well as parish, city, town and/or election district)</b></p> <p><b>Name of Political Party:</b>  <input type="checkbox"/> SUPPORTED <input type="checkbox"/> OPPOSED by the Committee</p>
<p><b>Daytime Telephone (Preparer):</b></p>	<p><b>Rel of Aff. Org. to Comm:</b></p>
<p><b>Name and Address of Person Preparing Report</b>          H. Bland O'Connor          8550 United Plaza Blvd          Suite 1001          Baton Rouge</p> <p>LA 70809</p> <p>Chairperson:</p>	<p><b>Candidate Information</b>  <b>Office Sought (Include title of office as well as parish, city, town and/or election district)</b></p> <p><b>Name of Political Party:</b>  <input type="checkbox"/> SUPPORTED <input type="checkbox"/> OPPOSED by the Committee</p>
<p><b>Daytime Telephone (Preparer):</b> 225/922-4600</p>	<p><b>Rel of Aff. Org. to Comm:</b></p>
<p><b>Name and Address of</b>          Louisiana Physical Therapy Association          8550 United Plaza Blvd.          Suite 1001          Baton Rouge</p> <p>LA 70809</p> <p>Chairperson:</p>	<p><b>Candidate Information</b>  <b>Office Sought (Include title of office as well as parish, city, town and/or election district)</b></p> <p><b>Name of Political Party:</b>  <input type="checkbox"/> SUPPORTED <input type="checkbox"/> OPPOSED by the Committee</p>
<p><b>Daytime Telephone (Preparer):</b></p>	<p><b>Rel of Aff. Org. to Comm:</b> Professional Association</p>
<p><b>Name and Address of Financial Institution</b>          Capital One          6920 Bluebonnet Blvd</p> <p>Baton Rouge LA 70810</p> <p>Chairperson:</p>	<p><b>Candidate Information</b>  <b>Office Sought (Include title of office as well as parish, city, town and/or election district)</b></p> <p><b>Name of Political Party:</b>  <input type="checkbox"/> SUPPORTED <input type="checkbox"/> OPPOSED by the Committee</p>
<p><b>Daytime Telephone (Preparer):</b></p>	<p><b>Rel of Aff. Org. to Comm:</b></p>